



Village of Savoy

Savoy Municipal Center
611 N. Dunlap
Savoy, IL 61874
217-359-5894 (Phone)
217-359-0202 (Fax)

REQUEST FOR RE-ZONING/ORDINANCE AMENDMENT

Date of Request: _____ Applicant Phone No.: _____

Name of Applicant: _____

Address of Site to be affected by Amendment (if applicable):

Address of Applicant _____

Subdivision: _____

Current Zoning Classification on Site _____

Requested New Classification: _____

Current Land Use: _____

Specific Part of Ordinance or Zoning District Map to be Amended (be specific about ordinance language to be changed): _____

Reason(s) why you feel Ordinance Amendment is justified: _____

Signature of Applicant

Signature of Applicant

Signature of Applicant

(VILLAGE USE ONLY)

Date of Public Hearing: _____ Date Fee Paid: _____

Date of Legal Notice Publication: _____

Request for Ordinance Amendment/Recommended for _____Approval _____Denial

_____Conditionally Approved by Savoy Planning Commission. (See Attached resolution)